



Murray Aquatic Club

Winter 2015-16

The Murray Aquatics Club "MAC" is a competitive USA Swimming team for youth ages 5-18.

Team practices are held 5 days a week Monday-Friday.

To join MAC, swimmers must have completed swim lessons or given the Head Coach's approval after an evaluation of swimming skills.

To participate MAC, all swimmers must become a member of USA Swimming.

New members of MAC are recommended to join at the Bronze Level.

All swimmers are expected to attend swim meets.

All Swimmers are expected to attend practice:

Gold (+5x per week) Silver (+4x per week) Bronze (+3x per week)

Head Coach: Dale Ralph

Asst. Coaches: Mark Maurer, Chante' Lundskog, Andrea Partner
and Brook Healy

Tryouts are Friday's @ 5:30pm

For Practices, Meets and More Info. Visit
www.murrayaquaticclub.com

Ages: 5 - 18 years

Practice Times:

Gold: M-F 4:30-6:00 PM

Sat 7-9 AM

Silver: M-F 4:30- 6:00 PM

Bronze: M-F 4:30-5:30 PM

Cost: Resident/Non Res.

Monthly (Dec, Jan, Feb)

Gold \$45/\$50

Silver \$40/\$45

Bronze \$35/\$40

Seasonal (Dec-Feb)

Gold \$120/\$135

Silver \$105/\$120

Bronze \$90/\$105

USA Swimming = \$77/yr.

Participants Name: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Does the participant have any physical limitations? No _____ Yes _____

If yes, please explain: _____

I have received and signed the concussion policy: Yes _____ No _____

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the forgoing registration, liability release and agree to all of their terms and conditions.

Parent/Guardian Signature

Date

Office Use Only

Paid \$ _____

CASH CHECK VISA

AMEX DISC MC

Date _____

Staff _____